

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/591224

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16	1	1	1	1		
17		1		1		
18	1		1			
19		1		1		
20		2		1		
21		2		1		
22	1		1			
23		1		1		
24		1		1		
25	1			1		
26		1		1		
27		1		1		
28	1					
29	1					
30	1					
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32		1				
33	1					
34	1					
35		1				
36		1				
37		1				
38		2		1		
39		2		1		
40	1			1		
41		1		1		
42		1		1		
43		1		1		
44		1		1		
45		1		1		
46		1		1		
47		1		1		
48		1		1		
49	1			1		
50	1			1		
TOTAL IND.	17	↓		↓		↓
TOTAL DEP.	46	←		←		←
TOTAL CLAIMS	63					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1			1		
52				1		
53	1		1			
54		5		1		
55	1			1		
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97						
98						
99						
100						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	31	←		←
TOTAL CLAIMS			36			